

Evaluation of the Long-Term Care Ombudsman Program (LTCOP) Former State Ombudsman Survey

PURPOSE OF THE STUDY:

NORC at the University of Chicago, with funding from the Administration for Community Living/Administration on Aging (ACL/AoA), is conducting an evaluation of the Long-Term Care Ombudsman Program. The purpose of this survey is to obtain insight on your previous experience as a State Long-Term Care Ombudsman and how your role was perceived. This survey is voluntary and is not part of an audit or a compliance review. The information you provide is confidential. We do not include names of respondents in any reports or in any discussions with supervisors, colleagues, or ACL/AoA. This survey will take approximately __ minutes to complete. Please complete and return this form using the pre-paid envelope, or by scanning and emailing it to LTCOPsurvey@norc.org, or by faxing it to 301-634-9582.

Please contact NORC at 1-877-XXX-XXXX or LTCOPsurvey@norc.org if you have any questions or concerns.

OMB Control No.:

Expiration Date:

SECTION A: Background and Interest

1. How long did you serve as the State Ombudsman?

{Enter number years} ___ ___

+ {Enter number months} ___ ___

2. What year did you leave the position?

3. What motivated you to take the State Ombudsman position?

1. Personal fulfillment (for example, enjoyment in helping others)

2. Career development

3. Interest in the program's mission

4. Family/friends received long-term services and supports

5. Personal Experience with the program

96. Other (Please specify): _____

4. Did you work for the Long-Term Care Ombudsman Program (LTCOP) prior to becoming the State Ombudsman?

1. Yes

If yes, what position did you hold: _____

2. No

SECTION A: Background and Interest (continued)

5. When you first took the position, did you view becoming State Ombudsman as a long-term position or a stepping stone to a future position?

1. Long-term position

2. Interim Ombudsman until the position was filled

3. Career development

96. Other (Please specify): _____

6. How long did you expect to stay as the State Ombudsman?

_____ years

SECTION B: Program Strengths and Challenges

1. What were the major strengths of the LTCOP when you served as the State Ombudsman? *{Check all that apply}*

- 1. Serving residents of board and care facilities
- 2. Elder abuse (for example, task forces, staff training/in-services)
- 3. Culture change (for example, person-centered service planning, dementia-competent care, etc.)
- 4. Assisting residents in transitioning out of facilities
- 5. Providing support during bankruptcy proceedings
- 6. Providing advocacy around inappropriate drug use
- 7. Supporting residents with end of life care (for example, advance directives, access to hospice services, facility practices when someone dies)
- 8. Managing family conflicts (for example, power of attorney)
- 9. Addressing involuntary discharges/transfers
- 10. Systems advocacy (for example, activities related to state or federal laws, regulations, or policies)
- 11. Developing a volunteer program
- 96. Other (Please specify): _____

2. What were the most significant challenges facing your program during your time as the State Ombudsman? *{Check all that apply}*

- 1. Insufficient funding
- 2. Insufficient program autonomy
- 3. Insufficient legal counsel
- 4. High turnover of paid staff
- 5. High turnover of volunteers
- 6. Difficulty hiring qualified paid staff
- 7. Difficulty recruiting and supporting volunteers
- 8. Working with facility administrators, corporate owners, and provider associations
- 9. Working with other organizations
- 10. Working with family members
- 11. Working with resident councils
- 12. Working with family councils
- 13. Insufficient peer-to-peer support to share what works and what does not
- 14. Insufficient access to training in areas where staff need to be knowledgeable
- 96. Other (Please specify): _____

SECTION B: Program Strengths and Challenges (continued)

3. How was the LTCOP perceived by the following entities?

	Favorably	Somewhat favorably	Not favorably	Don't know
Coordinating Entities*				
a. Area Agency on Aging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
b. Aging and Disability Resource Center	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
c. Adult Protective Services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
d. Protection and Advocacy Systems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
e. Facility and long-term care provider licensure and certification program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
f. State Medicaid fraud control	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
g. Victim assistance programs (for people who have been victimized by a crime such as rape, assault, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
h. State and local law enforcement agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
i. Courts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
j. State legal assistance developer and legal assistance/legal aid programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
Consumers				
k. Residents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
l. Family members/guardians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
m. Consumer advocacy groups (e.g., AARP)				
Facilities				
n. Facility administrators	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>
o. Facility staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	97 <input type="checkbox"/>

*Coordinating entities refers to the ten agencies enumerated in the Final Rule with which the LTCOP is required to work as part of its mandate to protect the welfare and rights of long-term care residents.

4. If you answered "Not favorably" for any of the entities listed above, what would have helped improve those relationships?

SECTION B: Program Strengths and Challenges (continued)

5. A number of entities provide resources to enhance the skills, knowledge and management capacity of LTCOP staff. This includes communications with staff, as well as websites, or other materials. How helpful had the following entities been to you when you were a State Ombudsman?

	Very helpful	Somewhat helpful	Not helpful	Not applicable
a. ACL – Central	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
b. ACL – Regional	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
c. State Unit on Aging (SUA)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
d. National Association of State Long-Term Care Ombudsman Programs (NASOP)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
e. National Ombudsman Resource Center	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
f. National Consumer Voice for Quality Long-Term Care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
g. National Association of States United for Aging and Disabilities (NASUAD)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
h. Justice in Aging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
i. Support from other state agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>
j. Other (Please specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	98 <input type="checkbox"/>

6. Were the resources provided by the National Ombudsman Resource Center sufficient to carry out the statewide program’s responsibilities (for example, webinars, newsletters, phone/email consultations, listservs, etc.)?

- 1. Yes
- 2. No
- 3. Somewhat
- 97. Don’t know

7. In general, was the National Ombudsman Resource Center available at the point in time you needed it?

- 1. Yes
- 2. No
- 3. Never used it

8. What general types of support did you need (from NORC or another entity) in your role as the State Ombudsman that were not available or insufficient for addressing your need?

SECTION B: Program Strengths and Challenges (continued)

9. What recommendations would you make for the program to be more effective in your state?

SECTION C: Satisfaction with Service as Ombudsman

1. How satisfied were you with your job as the State Ombudsman?

- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Neutral
- 4. Somewhat dissatisfied
- 5. Very dissatisfied

2. To what do you attribute your satisfaction or dissatisfaction?

3. How effective would you say your overall performance was as a State Ombudsman?

- 1. Very effective
- 2. Somewhat effective
- 3. Neutral
- 4. Somewhat ineffective
- 5. Very ineffective

4. What do you feel was your biggest accomplishment when you were a State Ombudsman?

SECTION D: Reason(s) for Leaving Position

1. What was the main reason you left the State Ombudsman position? (Probe whether reasons were related to retirement, new opportunities, dissatisfaction with position, dismissal, personal reasons, etc.). *{Check all that apply}*

- 1. Challenges with meeting program goals
- 2. Political challenges or interference from your own (e.g., SUA) or other agencies
- 3. Lack of support from other state leaders
- 4. Insufficient program resources
- 5. Dissatisfaction with salary or benefits
- 6. Challenges with Ombudsman staff/volunteers
- 7. Morale within state government
- 8. Lack of effective technology
- 9. Personal reasons
- 10. Job burnout
- 11. Final Rule
- 96. Other (Please specify): _____

2. Is there anything about the State Ombudsman position or program that could be changed that would have prevented you from leaving?

- 1. Yes
- 2. No
- 97. Don't know

3. Is there any topic or issue you expected us to cover that was not covered in this survey? Please describe the issue(s) and explain why you think it is/they are important.

SECTION E: Demographic Information

1. In what year were you born? _____

2. How do you identify your race? *{Check all that apply}*

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White
- 96. Other (Please specify): _____

SECTION E: Demographic Information (continued)

3. Are you of Hispanic or Latino descent?

1. Yes

2. No

4. With what gender category do you identify?

1. Female

2. Male

5. What is the highest grade or year you completed in school?

1. Less than high school or GED

2. High school or GED

3. College coursework but not degree (may include community college coursework)

4. Associate's degree

5. Bachelor's degree

6. Some graduate work

7. Master's degree

8. Juris Doctorate

9. Doctor of Philosophy

10. Medical Degree

THANK YOU FOR COMPLETING THIS SURVEY.